

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						<small>APP. NO.</small> <div style="font-size: 1.2em; font-weight: bold;">097171432</div>	<small>FILING DATE</small> 				
						<small>APPLICANT(S)</small>					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/	/					51	/	/		
2	/	/					52	/	/		
3	/	/					53	/	/		
4	/	/					54	/	/		
5	/	/					55	/	/		
6	/	/					56	/	/		
7	/	/					57	/	/		
8	/	/					58	/	/		
9	/	/					59	/	/		
10	/	/					60	/	/		
11	/	/					61	/	/		
12	/	/					62	/	/		
13	/	/					63	/	/		
14	/	/					64	/	/		
15	/	/					65	/	/		
16	/	/					66	/	/		
17	/	/					67	/	/		
18	/	/					68	/	/		
19	/	/					69				
20	/	/					70				
21	/	/					71				
22	/	/					72				
23	/	/					73				
24	/	/					74				
25	/	/					75				
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31	/	/					81				
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36	/	/					86				
37	/	/					87				
38	/	/					88				
39	/	/					89				
40	/	/					90				
41	/	/					91				
42	/	/					92				
43	/	/					93				
44	/	/					94				
45	/	/					95				
46	/	/					96				
47	/	/					97				
48	/	/					98				
49	/	/					99				
50	/	/					100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				